

DISMISSAL AND NOTICE OF RIGHTS

To: **Burton Gilmore, III**
1825 Alamos
San Antonio, TX 78201

From: **San Antonio Field Office**
5410 Fredericksburg Rd
Suite 200
San Antonio, TX 78229



On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

451-2017-02136

Sybil Edwards,
Investigator

(210) 281-7654**THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:**

The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge



The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.



The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.



Other (briefly state)

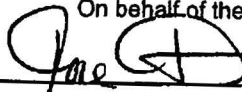
- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit must be filed **WITHIN 90 DAYS** of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission



Travis G. Hicks,
Director

5/29/2018

(Date Mailed)

Enclosures(s)

cc:

Melissa Gonzales
Hearing Officer
NORTHEAST ISD
8961 Tesoro Dr
San Antonio, TX 78217

Jefferson Brim
BRIM, ROBINETT, CANTU & BRIM, P.C.
2525 Wallingford Drive, Bldg 14
Austin, TX 78746

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC </div> <div style="text-align: right;"> 451-2017-02136 </div> </div>	
Texas Workforce Commission Civil Rights Division and EEOC <i>State or local Agency, if any</i>			
Name (Indicate Mr., Ms., Mrs.) Mr. Burton Gilmore, III		Home Phone (Incl. Area Code) (210) 842-5621	Date of Birth 1956
Street Address City, State and ZIP Code 1825 Alameos, San Antonio, TX 78201			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name NORTHEAST ISD		No. Employees, Members 500 or More	Phone No. (Include Area Code) (210) 407-0188
Street Address City, State and ZIP Code 8691 Tesoro Drive, San Antonio, TX 78217			
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> RACE</div> <div style="width: 50%;"><input type="checkbox"/> COLOR</div> <div style="width: 50%;"><input type="checkbox"/> SEX</div> <div style="width: 50%;"><input type="checkbox"/> RELIGION</div> <div style="width: 50%;"><input type="checkbox"/> NATIONAL ORIGIN</div> <div style="width: 50%;"><input checked="" type="checkbox"/> RETALIATION</div> <div style="width: 50%;"><input type="checkbox"/> AGE</div> <div style="width: 50%;"><input checked="" type="checkbox"/> DISABILITY</div> <div style="width: 50%;"><input type="checkbox"/> GENETIC INFORMATION</div> <div style="width: 50%;"><input type="checkbox"/> OTHER (Specify)</div> </div>		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 05-05-2017 05-05-2017 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>In October 2006, I began my employment with Northeast Independent School District (NEISD) as a Teacher; and was under the supervision of the Assistant Principal, Mitch Brown, at time of my complaint.</p> <p>I. PERSONAL HARM: Between October 2016 and March 2017, I was hospitalized three times for complications related to my disability. In March 2017, I was informed by the NEISD ADA Compliance Officer/HR, Tammy Gomez, that my accommodation request of allowing bathroom breaks between classes was approved. On May 1, 2017, I received a directive from Mr. O'Neill, that I could not have bathroom breaks between classes; and when I did take bathroom breaks during classes I needed to inform the front office staff.</p> <p>On May 3, 2017, I filed a complaint with the U. S. Department of Justice ADA Compliance Office regarding denial of my reasonable accommodation. On May 5, 2017, NEISD Alternative High School</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct.		NOTARY – When necessary for State and Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	
Date X 8-12-17		Charging Party Signature X [Signature]	

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)